



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

Office Use Only ☐

## Section 1: Cover Sheet

Use this form to:

- 1) Register as a lobbyist in accordance with City Code Section 4-8-5;
- 2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
- 3) Terminate registration as a lobbyist per City Code Section 4-8-5;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity.

For detailed instructions on how to complete this form, see the **Lobbyist Reporting Form: Individual Reporting Guide**

**This form must be submitted in its original digital format. Please do not print or scan this form.**

|   |  |
|---|--|
| <b>LOBBYIST<br/>NAME</b>                                  | <div>Title<div>Mrs.</div></div> <div>First Name*<div>Amanda</div></div> <div>Middle<div>W</div></div> <div>Last Name*<div>Swor</div></div> <div>Suffix<div></div></div> <div><input type="checkbox"/> My employer is a 501c(3) non-profit organization</div> |
| <b>EMPLOYING<br/>ENTITY</b>                               | <div><input checked="" type="checkbox"/> My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf</div> <div>Entity/Organization Name*<div>Drenner Group</div></div>                                   |
| <b>LOBBYIST<br/>PERMANENT BUSINESS<br/>STREET ADDRESS</b> | <div>Permanent Business Street Address*<div>200 Lee Barton Drive</div></div> <div>Apartment or Suite Number<div>100</div></div> <div>City*<div>Austin</div></div> <div>State*<div>TX</div></div> <div>Zip Code*<div>78704</div></div>                        |
| <b>LOBBYIST<br/>BUSINESS MAILING<br/>ADDRESS</b>          | <div>Business Mailing Address*<div>200 Lee Barton Drive</div></div> <div>Apartment or Suite Number<div>100</div></div> <div>City*<div>Austin</div></div> <div>State*<div>TX</div></div> <div>Zip Code*<div>78704</div></div>                                 |

\* Indicates a required field



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### REPORT TYPE \*

*Check all that apply*

- ☐ I am registering as a new lobbyist
- ☐ I am renewing my annual lobbyist registration
- ☐ I am updating my current registration information outside of a Quarterly Activity Reporting Period
- ☒ I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:
- ☐ January ☐ April ☐ July ☒ October
- ☒ I am correcting the information provided on a previously filed report
- Previous Report Type:  Previous Report Date:
- ☐ I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.



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## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Rezoning, neighborhood plan amendment and sale of property  |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 500 Montopolis  |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78741                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input checked="" type="checkbox"/> Historic Preservation                                     | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input checked="" type="checkbox"/> Real Estate   |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use                              | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input checked="" type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

Delete this page

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- 1) a specific description of each municipal question
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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

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|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Site Development Permit   |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 1115 Town Creek Drive   |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78741                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans)                            |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

Delete this page



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|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Determination on subdivision application  |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  |   |       |                           |
|  | City  | State | Zip Code                  |
|  |   | TX    |                           |
|  | Property Legal Description  |       |                           |
|  | Lots 8-11 Lake Shore Colony   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use                              | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input checked="" type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

Delete this page

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|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Zoning - North Burnet Gateway Amendment   |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 11501 Burnet Road   |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78758                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input checked="" type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

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|  |   |                      |                           |
|--|---|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | PUD Amendment   |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|  | Address   |                      | Suite or Apartment Number |
|  | <input type="text"/>  |                      | <input type="text"/>      |
|  | City  | State                | Zip Code                  |
|  | <input type="text"/>  | <input type="text"/> | <input type="text"/>      |
|  | Property Legal Description  |                      |                           |
|  | <input type="text"/>  |                      |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input checked="" type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other: <input type="text"/>  |   |

Add Additional Municipal Question

Delete this page

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|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Rezoning  |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 10201 Jollyville Road   |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78759                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input checked="" type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

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|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Rezoning and PDA Amendment  |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 7700 Parmer Lane  |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78729                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input checked="" type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
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Add Additional Municipal Question

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|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Rezoning  |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 11012 Old San Antonio Road  |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78748                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input checked="" type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Site Development Permit and Density Bonus   |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 600 Guadalupe   |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78701                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans)                            |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Site Plan Topography  |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 1701 Heatherwilde Blvd  |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78660                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans)                            |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments   | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                            | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation   | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                              | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration   | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce  | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use  | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court   | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation   | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods   | <input type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums  |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:  |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Potential Rezoning  |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 2904, 2882, 2928, 2936, 2942, 2953, 2960  |       | Barton Skyway             |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78746                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input checked="" type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Applicability of Restrictive Covenant   |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 6901 Old Bee Caves Road   |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78735                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input checked="" type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Site Development Permit   |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 3000-3004 Montopolis Dr.  |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78741                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans)                            |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                          |                                  |  |  |                   |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                         |  |  |  |
|--|---|--------------------------|----------------------------------|--|--|-------------------|--|--|--|--------------|---------------|------------------|--|--------|----|-------|--|------------------------------|--|--|--|-------------------------|--|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |  |                   |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                         |  |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>KEEP Real Estate   |                          |                                  |  |  |                   |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                         |  |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>905 Nueces Street</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78701</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  |  | 905 Nueces Street |  |  |  | Client City* | Client State* | Client Zip Code* |  | Austin | TX | 78701 |  | Nature of Client's Business* |  |  |  | Real Estate Development |  |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |  |                   |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                         |  |  |  |
| 905 Nueces Street  |   |                          |                                  |  |  |                   |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                         |  |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |  |                   |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                         |  |  |  |
| Austin   | TX  | 78701                    |                                  |  |  |                   |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                         |  |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |  |                   |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                         |  |  |  |
| Real Estate Development  |   |                          |                                  |  |  |                   |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                         |  |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |  |                        |      |              |     |    |  |
|------------------------|--|------------------------|------|--------------|-----|----|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div>Disclosure of client compensation is not provided because such disclosure would violate applicable state law in Texas Disciplinary Rule 1.05 and Chapter 81 of the Texas Government Code.</div> | Compensation Category* | (\$) | Exact Amount | \$0 | OR |  |
| Compensation Category* | (\$)   | Exact Amount           |      |              |     |    |  |
| \$0                    | OR   |                        |      |              |     |    |  |

\* Indicates a required field

Add Another Client Page

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |  |                          |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
|--|--|--------------------------|----------------------------------|--|----------------|-----|--|--------------|---------------|------------------|---------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Grayco Parnters LLC   |                          |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>50 Waugh Drive</td><td colspan="2">500</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Houston</td><td>TX</td><td>77007</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 50 Waugh Drive | 500 |  | Client City* | Client State* | Client Zip Code* | Houston | TX | 77007 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*   | Client Apartment or Suite Number   |                          |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| 50 Waugh Drive   | 500  |                          |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Client City*   | Client State*  | Client Zip Code*         |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Houston  | TX   | 77007                    |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*   |  |                          |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Real Estate Development  |  |                          |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |  |                   |     |    |  |
|------------------------|---|------------------------|--|-------------------|-----|----|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div>Disclosure of client compensation is not provided because such disclosure would violate applicable state law in Texas Disciplinary Rule 1.05 and Chapter 81 of the Texas Government Code.</div> | Compensation Category* |  | (\$) Exact Amount | \$0 | OR |  |
| Compensation Category* |   | (\$) Exact Amount      |  |                   |     |    |  |
| \$0                    | OR  |                        |  |                   |     |    |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

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|  |  |                          |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
|--|--|--------------------------|----------------------------------|--|------------------|------|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Investors Alliance  |                          |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>300 Bowie Street</td><td colspan="2">100A</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78703</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 300 Bowie Street | 100A |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78703 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*   | Client Apartment or Suite Number   |                          |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| 300 Bowie Street   | 100A   |                          |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Client City*   | Client State*  | Client Zip Code*         |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Austin   | TX   | 78703                    |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*   |  |                          |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Real Estate Development  |  |                          |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |  |                        |      |              |     |    |  |
|------------------------|--|------------------------|------|--------------|-----|----|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div>Disclosure of client compensation is not provided because such disclosure would violate applicable state law in Texas Disciplinary Rule 1.05 and Chapter 81 of the Texas Government Code.</div> | Compensation Category* | (\$) | Exact Amount | \$0 | OR |  |
| Compensation Category* | (\$)   | Exact Amount           |      |              |     |    |  |
| \$0                    | OR   |                        |      |              |     |    |  |

\* Indicates a required field

Add Another Client Page

Delete this page



## Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
|--|---|--------------------------|----------------------------------|--|---------------------|------------|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Brandywine Realty Trust  |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>111 Congress Avenue</td><td colspan="2">30th Floor</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 111 Congress Avenue | 30th Floor |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78701 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| 111 Congress Avenue  | 30th Floor  |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Austin   | TX  | 78701                    |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Real Estate Development  |   |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |  |                        |      |              |     |    |  |
|------------------------|--|------------------------|------|--------------|-----|----|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <p>Disclosure of client compensation is not provided because such disclosure would violate applicable state law in Texas Disciplinary Rule 1.05 and Chapter 81 of the Texas Government Code.</p> | Compensation Category* | (\$) | Exact Amount | \$0 | OR |  |
| Compensation Category* | (\$)   | Exact Amount           |      |              |     |    |  |
| \$0                    | OR   |                        |      |              |     |    |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|   |   |                          |                                  |  |                        |      |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
|---|---|--------------------------|----------------------------------|--|------------------------|------|--|--------------|---------------|------------------|---------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT  | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |                        |      |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| CLIENT NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Great Hills Retail Inc.  |                          |                                  |  |                        |      |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| CLIENT ADDRESS AND NATURE OF BUSINESS                               | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>191 North Wacker Drive</td><td colspan="2">2500</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Chicago</td><td>IL</td><td>60606</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 191 North Wacker Drive | 2500 |  | Client City* | Client State* | Client Zip Code* | Chicago | IL | 60606 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*  | Client Apartment or Suite Number  |                          |                                  |  |                        |      |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| 191 North Wacker Drive  | 2500  |                          |                                  |  |                        |      |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Client City*  | Client State*   | Client Zip Code*         |                                  |  |                        |      |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Chicago   | IL  | 60606                    |                                  |  |                        |      |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*  |   |                          |                                  |  |                        |      |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Real Estate Development   |   |                          |                                  |  |                        |      |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |  |                        |      |              |     |    |  |
|------------------------|--|------------------------|------|--------------|-----|----|--|
| CLIENT COMPENSATION    | <table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div>Disclosure of client compensation is not provided because such disclosure would violate applicable state law in Texas Disciplinary Rule 1.05 and Chapter 81 of the Texas Government Code.</div> | Compensation Category* | (\$) | Exact Amount | \$0 | OR |  |
| Compensation Category* | (\$)   | Exact Amount           |      |              |     |    |  |
| \$0                    | OR   |                        |      |              |     |    |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|   |   |                          |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
|---|---|--------------------------|----------------------------------|--|------------------|------------|--|--------------|---------------|------------------|---------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT  | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| CLIENT NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Accesso Partners   |                          |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| CLIENT ADDRESS AND NATURE OF BUSINESS                               | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>1021 Main Street</td><td colspan="2">Suite 1920</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Houston</td><td>TX</td><td>77002</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 1021 Main Street | Suite 1920 |  | Client City* | Client State* | Client Zip Code* | Houston | TX | 77002 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*  | Client Apartment or Suite Number  |                          |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| 1021 Main Street  | Suite 1920  |                          |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Client City*  | Client State*   | Client Zip Code*         |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Houston   | TX  | 77002                    |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*  |   |                          |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Real Estate Development   |   |                          |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |  |                        |      |              |     |    |  |
|------------------------|--|------------------------|------|--------------|-----|----|--|
| CLIENT COMPENSATION    | <table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div>Disclosure of client compensation is not provided because such disclosure would violate applicable state law in Texas Disciplinary Rule 1.05 and Chapter 81 of the Texas Government Code.</div> | Compensation Category* | (\$) | Exact Amount | \$0 | OR |  |
| Compensation Category* | (\$)   | Exact Amount           |      |              |     |    |  |
| \$0                    | OR   |                        |      |              |     |    |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|   |  |                          |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
|---|--|--------------------------|----------------------------------|--|---------------------|-----|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT  | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>LO/LDP 600 Guadalupe LLC  |                          |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT ADDRESS AND NATURE OF BUSINESS                               | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>12117 Bee Cave Road</td><td colspan="2">202</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78738</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 12117 Bee Cave Road | 202 |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78738 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*  | Client Apartment or Suite Number   |                          |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| 12117 Bee Cave Road   | 202  |                          |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Client City*  | Client State*  | Client Zip Code*         |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Austin  | TX   | 78738                    |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*  |  |                          |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Real Estate Development   |  |                          |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |  |                        |      |              |     |    |  |
|------------------------|--|------------------------|------|--------------|-----|----|--|
| CLIENT COMPENSATION    | <table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div>Disclosure of client compensation is not provided because such disclosure would violate applicable state law in Texas Disciplinary Rule 1.05 and Chapter 81 of the Texas Government Code.</div> | Compensation Category* | (\$) | Exact Amount | \$0 | OR |  |
| Compensation Category* | (\$)   | Exact Amount           |      |              |     |    |  |
| \$0                    | OR   |                        |      |              |     |    |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |  |                          |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
|--|--|--------------------------|----------------------------------|--|-----------------|-----|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Presidium Group   |                          |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>1601 Rio Grande</td><td colspan="2">300</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 1601 Rio Grande | 300 |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78701 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*   | Client Apartment or Suite Number   |                          |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| 1601 Rio Grande  | 300  |                          |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Client City*   | Client State*  | Client Zip Code*         |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Austin   | TX   | 78701                    |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*   |  |                          |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Real Estate Development  |  |                          |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

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|                        |  |                        |      |              |     |    |  |
|------------------------|--|------------------------|------|--------------|-----|----|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div>Disclosure of client compensation is not provided because such disclosure would violate applicable state law in Texas Disciplinary Rule 1.05 and Chapter 81 of the Texas Government Code.</div> | Compensation Category* | (\$) | Exact Amount | \$0 | OR |  |
| Compensation Category* | (\$)   | Exact Amount           |      |              |     |    |  |
| \$0                    | OR   |                        |      |              |     |    |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                          |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |
|--|---|--------------------------|----------------------------------|--|-----------------------|-----|--|--------------|---------------|------------------|-------------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>QuikTrip Corporation   |                          |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>227 North Loop 1604 E</td><td colspan="2">150</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>San Antonio</td><td>TX</td><td>78232</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 227 North Loop 1604 E | 150 |  | Client City* | Client State* | Client Zip Code* | San Antonio | TX | 78232 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |
| 227 North Loop 1604 E  | 150   |                          |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |
| San Antonio  | TX  | 78232                    |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |
| Real Estate Development  |   |                          |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |  |                        |      |              |     |    |  |
|------------------------|--|------------------------|------|--------------|-----|----|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div>Disclosure of client compensation is not provided because such disclosure would violate applicable state law in Texas Disciplinary Rule 1.05 and Chapter 81 of the Texas Government Code.</div> | Compensation Category* | (\$) | Exact Amount | \$0 | OR |  |
| Compensation Category* | (\$)   | Exact Amount           |      |              |     |    |  |
| \$0                    | OR   |                        |      |              |     |    |  |

\* Indicates a required field

Add Another Client Page

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |  |                          |                                  |  |                    |  |  |              |               |                  |          |    |       |                              |  |  |                         |  |  |
|--|--|--------------------------|----------------------------------|--|--------------------|--|--|--------------|---------------|------------------|----------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                    |  |  |              |               |                  |          |    |       |                              |  |  |                         |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Arel Capital  |                          |                                  |  |                    |  |  |              |               |                  |          |    |       |                              |  |  |                         |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>540 Madison Avenue</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>New York</td><td>NY</td><td>10022</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 540 Madison Avenue |  |  | Client City* | Client State* | Client Zip Code* | New York | NY | 10022 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*   | Client Apartment or Suite Number   |                          |                                  |  |                    |  |  |              |               |                  |          |    |       |                              |  |  |                         |  |  |
| 540 Madison Avenue   |  |                          |                                  |  |                    |  |  |              |               |                  |          |    |       |                              |  |  |                         |  |  |
| Client City*   | Client State*  | Client Zip Code*         |                                  |  |                    |  |  |              |               |                  |          |    |       |                              |  |  |                         |  |  |
| New York   | NY   | 10022                    |                                  |  |                    |  |  |              |               |                  |          |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*   |  |                          |                                  |  |                    |  |  |              |               |                  |          |    |       |                              |  |  |                         |  |  |
| Real Estate Development  |  |                          |                                  |  |                    |  |  |              |               |                  |          |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |  |                   |     |    |  |
|------------------------|---|------------------------|--|-------------------|-----|----|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div>Disclosure of client compensation is not provided because such disclosure would violate applicable state law in Texas Disciplinary Rule 1.05 and Chapter 81 of the Texas Government Code.</div> | Compensation Category* |  | (\$) Exact Amount | \$0 | OR |  |
| Compensation Category* |   | (\$) Exact Amount      |  |                   |     |    |  |
| \$0                    | OR  |                        |  |                   |     |    |  |

\* Indicates a required field

Add Another Client Page

Delete this page



## Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|                      |  |
|----------------------|--|
| NO CLIENTS TO REPORT | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |
|----------------------|--|

  

|  |   |                                  |                  |
|--|---|----------------------------------|------------------|
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Manifold Real Estate |                                  |                  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | Client Business Address*  | Client Apartment or Suite Number |                  |
|  | P.O. Box 200463   |                                  |                  |
|  | Client City*  | Client State*                    | Client Zip Code* |
|  | Austin  | TX                               | 78720            |
|  | Nature of Client's Business*<br>Real Estate Development                       |                                  |                  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |  |      |              |
|------------------------|--|------|--------------|
| CLIENT<br>COMPENSATION | Compensation Category*   | (\$) | Exact Amount |
|                        | \$0  | OR   |              |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.   |      |              |
|                        | If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):<br>Disclosure of client compensation is not provided because such disclosure would violate applicable state law in Texas Disciplinary Rule 1.05 and Chapter 81 of the Texas Government Code. |      |              |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 4: Employee

For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

|   |  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
|---|--|------------------------------------|-----------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|--|----------------------|----------------------|--|-----------|-------------|--|----------------------|----------------------|--|
| NO EMPLOYEES TO REPORT                              | <input checked="" type="checkbox"/> I employed or retained no employees during the applicable reporting period   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| PERSON<br>EMPLOYED<br>OR<br>RETAINED                | <table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Last Name*</td><td>Suffix</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr><tr><td>Employer*</td><td>Occupation*</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr></table>  | Title                              | First Name*                       | Middle               | <input type="text"/> | <input type="text"/> | <input type="text"/> | Last Name*           | Suffix                                    |  | <input type="text"/> | <input type="text"/> |  | Employer* | Occupation* |  | <input type="text"/> | <input type="text"/> |  |
| Title   | First Name*  | Middle                             |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/>   | <input type="text"/>               |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| Last Name*  | Suffix   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/>   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| Employer*   | Occupation*  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/>   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| BUSINESS<br>ADDRESS                                 | <table><tr><td>Business Address*</td><td>Apartment or Suite Number</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>City*</td><td>State* Zip Code*</td></tr><tr><td><input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr></table>  | Business Address*                  | Apartment or Suite Number         | <input type="text"/> | <input type="text"/> | City*                | State* Zip Code*     | <input type="text"/> | <input type="text"/> <input type="text"/> |  |                      |                      |  |           |             |  |                      |                      |  |
| Business Address*                                   | Apartment or Suite Number  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/>   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| City*   | State* Zip Code*   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/> <input type="text"/>  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| MAYOR/COUNCIL<br>RELATIVE<br>OR<br>HOUSEHOLD MEMBER | <p><input type="checkbox"/> Is the person identified above related (within the third degree of consanguinity) to the Mayor or a Council Member, or a member of their household, as defined in City Code Section 4-8-6(A)(5)?</p> <p>If yes, describe the nature of their employment *required if the above box is checked</p> <p><input type="text"/></p> <table><tr><td>First Name of Mayor/Council Member</td><td>Last Name of Mayor/Council Member</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table> | First Name of Mayor/Council Member | Last Name of Mayor/Council Member | <input type="text"/> | <input type="text"/> |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| First Name of Mayor/Council Member                  | Last Name of Mayor/Council Member  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/>   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |

\* Indicates a required field

Add Another Employee Page

Delete this page



## **Lobbyist Reporting Form**

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

Sections 5, 6 and 7 are for filing Quarterly Activity Reports or a Termination of Lobbyist Registration.

If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



## Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

## Section 5: Statement of No Activity

### STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

Lobbyists who have **no reportable activity** for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the **No Activity Confirmation**, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I received no Client Compensation during this activity period (§4-8-6(A)(2)).
- I made no Expenditures for lobbying during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

### No Activity Confirmation

☐ I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



**Lobbyist Reporting Form**  
*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

**Section 6:  
Expenditure Totals**

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).  
Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

|  |  |                      |
|--|--|----------------------|
| <div>EXPENDITURE<br/>TOTALS</div> <div>(Blank values<br/>will be interpreted as \$0)</div> | (\$ ) Reimbursement to Others  | <input type="text"/> |
|  | (\$ ) Food and Beverages   | <input type="text"/> |
|  | (\$ ) Transportation and Lodging   | <input type="text"/> |
|  | (\$ ) Gifts (other than Awards and Mementos)   | <input type="text"/> |
|  | (\$ ) Entertainment  | <input type="text"/> |
|  | (\$ ) Awards and Mementos  | <input type="text"/> |
|  | (\$ ) Honorariums  | <input type="text"/> |
|  | (\$ ) Attendance of Council Members at Charitable Events or Fundraisers                      | <input type="text"/> |
|  | (\$ ) Media Communications (broadcast, print, advertising, etc.)                             | <input type="text"/> |
|  | (\$ ) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j) | <input type="text"/> |



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 7: Expenditure

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total \$500 or more during the reporting period must also be itemized on an Expenditure Page.

For additional expenditures, click "Add Another Expenditure Page" below.

|  |   |
|--|---|
| <b>PAYEE NAME<br/>AND<br/>BUSINESS<br/>INTEREST</b><br><br><input type="checkbox"/> Payee is an individual | Organization Name or Payee Last Name, as applicable*<br><input type="text"/><br><br><input type="checkbox"/> This payee is a business or business interest of a City Official<br>If yes, First Name of City Official<br><input type="text"/><br>Last Name of City Official<br><input type="text"/><br>Department of City Official<br><input type="text"/><br>Job Title of City Official<br><input type="text"/> |
| <b>PAYEE<br/>ADDRESS</b>   | Payee Address/ PO Box*<br><input type="text"/><br>Payee Apartment or Suite Number<br><input type="text"/><br>Payee City*<br><input type="text"/><br>Payee State*<br><input type="text"/><br>Payee Zip Code*<br><input type="text"/>   |
| <b>EXPENDITURE<br/>DETAILS</b>   | (\$) Expenditure Amount*<br><input type="text"/><br>Expenditure Date*<br><input type="text"/><br>Category*<br><input type="text"/><br>Purpose of the Expenditure*<br><input type="text"/>   |

Identify each City Official who benefitted from or who may have been influenced by the expenditure, if applicable

| City Official First Name | City Official Last Name | Department | Job Title |
|--------------------------|-------------------------|------------|-----------|
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |



## Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

## Section 8: Declaration and Electronic Submission

### DECLARATION

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

Amanda Swor

Typed Name

10/13/2017

Report Date\*

### Electronic Submission and Signature

- ☒ I have completed a **Lobbyist Contact Information Form**, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.





The Following Report is the Corrected Report for  
Swor, Amanda W.'s October Quarterly Activity Report  
Submitted on 1/23/2018



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 1: Cover Sheet

Use this form to:

- 1) Register as a lobbyist in accordance with City Code Section 4-8-5;
- 2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
- 3) Terminate registration as a lobbyist per City Code Section 4-8-5;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity.

For detailed instructions on how to complete this form, see the **Lobbyist Reporting Form: Individual Reporting Guide**

**This form must be submitted in its original digital format. Please do not print or scan this form.**

|   |  |
|---|--|
| <b>LOBBYIST<br/>NAME</b>                                  | <div>Title<div>Mrs.</div></div> <div>First Name*<div>Amanda</div></div> <div>Middle<div>W</div></div> <div>Last Name*<div>Swor</div></div> <div>Suffix<div></div></div> <div><input type="checkbox"/> My employer is a 501c(3) non-profit organization</div> |
| <b>EMPLOYING<br/>ENTITY</b>                               | <div><input checked="" type="checkbox"/> My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf</div> <div>Entity/Organization Name*<div>Drenner Group</div></div>                                   |
| <b>LOBBYIST<br/>PERMANENT BUSINESS<br/>STREET ADDRESS</b> | <div>Permanent Business Street Address*<div>200 Lee Barton Drive</div></div> <div>Apartment or Suite Number<div>100</div></div> <div>City*<div>Austin</div></div> <div>State*<div>TX</div></div> <div>Zip Code*<div>78704</div></div>                        |
| <b>LOBBYIST<br/>BUSINESS MAILING<br/>ADDRESS</b>          | <div>Business Mailing Address*<div>200 Lee Barton Drive</div></div> <div>Apartment or Suite Number<div>100</div></div> <div>City*<div>Austin</div></div> <div>State*<div>TX</div></div> <div>Zip Code*<div>78704</div></div>                                 |



## Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

### REPORT TYPE \*

*Check all that apply*

- ☐ I am registering as a new lobbyist
- ☐ I am renewing my annual lobbyist registration
- ☐ I am updating my current registration information outside of a Quarterly Activity Reporting Period
- ☐ I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:
- ☐ January ☐ April ☐ July ☐ October
- ☒ I am correcting the information provided on a previously filed report
- Previous Report Type:  Previous Report Date:
- ☐ I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Rezoning, neighborhood plan amendment and sale of property  |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 500 Montopolis  |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78741                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

☐ Accessibility or Persons with Disabilities

☐ Environmental Matters, Air or Water Quality, or Watershed Protection

☐ Permits (Building, Site Plans)

☐ Affordability

☐ Finance, Budget, or Investments

☐ Permits (Other)

☐ Animals

☐ Health, Healthcare, Mental Health, or Human Services

☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response

☐ Annexation

☒ Historic Preservation

☐ Public Utilities, Energy, Water, Solid Waste, or Recycling

☐ Arts, Music, Film, Cultural or Creative Industries

☐ Hospitality, Tourism, Events, or Convention Center

☐ Quality of Life Affairs

☐ Aviation

☐ Human Rights or Immigration

☒ Real Estate

☐ City Infrastructure or Public Works

☐ Labor or Workforce

☐ Rules, Proposed Rules, or Rule Making

☐ Civil Service, Municipal Employment, or Retirement Systems

☒ Land Development or Land Use

☐ Taxation or Fees

☐ Code Compliance

☐ Municipal Court

☐ Technology or Communications

☐ Construction

☐ Municipal Legislation

☐ Transportation or Mobility

☐ Contracts or Procurement

☐ Neighborhoods

☒ Zoning or Platting

☐ Diversity, Equity, or Inclusion

☐ Parks, Recreation, Libraries, or Museums

☐ Economic Development

☐ Other:

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Site Development Permit   |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 1115 Town Creek Drive   |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78741                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans)                            |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Determination on subdivision application  |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  |   |       |                           |
|  | City  | State | Zip Code                  |
|  |   | TX    |                           |
|  | Property Legal Description  |       |                           |
|  | Lots 8-11 Lake Shore Colony   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

☐ Accessibility or Persons with Disabilities

☐ Environmental Matters, Air or Water Quality, or Watershed Protection

☐ Permits (Building, Site Plans)

☐ Affordability

☐ Finance, Budget, or Investments

☐ Permits (Other)

☐ Animals

☐ Health, Healthcare, Mental Health, or Human Services

☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response

☐ Annexation

☐ Historic Preservation

☐ Public Utilities, Energy, Water, Solid Waste, or Recycling

☐ Arts, Music, Film, Cultural or Creative Industries

☐ Hospitality, Tourism, Events, or Convention Center

☐ Quality of Life Affairs

☐ Aviation

☐ Human Rights or Immigration

☐ Real Estate

☐ City Infrastructure or Public Works

☐ Labor or Workforce

☐ Rules, Proposed Rules, or Rule Making

☐ Civil Service, Municipal Employment, or Retirement Systems

☒ Land Development or Land Use

☐ Taxation or Fees

☐ Code Compliance

☐ Municipal Court

☐ Technology or Communications

☐ Construction

☐ Municipal Legislation

☐ Transportation or Mobility

☐ Contracts or Procurement

☐ Neighborhoods

☒ Zoning or Platting

☐ Diversity, Equity, or Inclusion

☐ Parks, Recreation, Libraries, or Museums

☐ Economic Development

☐ Other:

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
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## Section 2: Municipal Question

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|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Zoning - North Burnet Gateway Amendment   |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 11501 Burnet Road   |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78758                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

☐ Accessibility or Persons with Disabilities

☐ Environmental Matters, Air or Water Quality, or Watershed Protection

☐ Permits (Building, Site Plans)

☐ Affordability

☐ Finance, Budget, or Investments

☐ Permits (Other)

☐ Animals

☐ Health, Healthcare, Mental Health, or Human Services

☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response

☐ Annexation

☐ Historic Preservation

☐ Public Utilities, Energy, Water, Solid Waste, or Recycling

☐ Arts, Music, Film, Cultural or Creative Industries

☐ Hospitality, Tourism, Events, or Convention Center

☐ Quality of Life Affairs

☐ Aviation

☐ Human Rights or Immigration

☐ Real Estate

☐ City Infrastructure or Public Works

☐ Labor or Workforce

☐ Rules, Proposed Rules, or Rule Making

☐ Civil Service, Municipal Employment, or Retirement Systems

☐ Land Development or Land Use

☐ Taxation or Fees

☐ Code Compliance

☐ Municipal Court

☐ Technology or Communications

☐ Construction

☐ Municipal Legislation

☐ Transportation or Mobility

☐ Contracts or Procurement

☐ Neighborhoods

☒ Zoning or Platting

☐ Diversity, Equity, or Inclusion

☐ Parks, Recreation, Libraries, or Museums

☐ Economic Development

☐ Other:

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

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## Section 2: Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |   |             |                           |
|--|---|-------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | PUD Amendment   |             |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |             |                           |
|  | Address   |             | Suite or Apartment Number |
|  | <div></div>   |             | <div></div>               |
|  | City  | State       | Zip Code                  |
|  | <div></div>   | <div></div> | <div></div>               |
|  | Property Legal Description  |             |                           |
|  | <div>Lots 4A, 5A, 6A and 1C of the Four Points Center PUD</div>   |             |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input checked="" type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other: <div></div>   |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
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## Section 2: Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Rezoning  |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 10201 Jollyville Road   |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78759                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input checked="" type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

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## Section 2: Municipal Question

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|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Rezoning and PDA Amendment  |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 7700 Parmer Lane  |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78729                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

☐ Accessibility or Persons with Disabilities

☐ Environmental Matters, Air or Water Quality, or Watershed Protection

☐ Permits (Building, Site Plans)

☐ Affordability

☐ Finance, Budget, or Investments

☐ Permits (Other)

☐ Animals

☐ Health, Healthcare, Mental Health, or Human Services

☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response

☐ Annexation

☐ Historic Preservation

☐ Public Utilities, Energy, Water, Solid Waste, or Recycling

☐ Arts, Music, Film, Cultural or Creative Industries

☐ Hospitality, Tourism, Events, or Convention Center

☐ Quality of Life Affairs

☐ Aviation

☐ Human Rights or Immigration

☐ Real Estate

☐ City Infrastructure or Public Works

☐ Labor or Workforce

☐ Rules, Proposed Rules, or Rule Making

☐ Civil Service, Municipal Employment, or Retirement Systems

☐ Land Development or Land Use

☐ Taxation or Fees

☐ Code Compliance

☐ Municipal Court

☐ Technology or Communications

☐ Construction

☐ Municipal Legislation

☐ Transportation or Mobility

☐ Contracts or Procurement

☐ Neighborhoods

☒ Zoning or Platting

☐ Diversity, Equity, or Inclusion

☐ Parks, Recreation, Libraries, or Museums

☐ Economic Development

☐ Other:

Add Additional Municipal Question

Delete this page



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|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Rezoning  |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 11012 Old San Antonio Road  |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78748                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

☐ Accessibility or Persons with Disabilities

☐ Environmental Matters, Air or Water Quality, or Watershed Protection

☐ Permits (Building, Site Plans)

☐ Affordability

☐ Finance, Budget, or Investments

☐ Permits (Other)

☐ Animals

☐ Health, Healthcare, Mental Health, or Human Services

☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response

☐ Annexation

☐ Historic Preservation

☐ Public Utilities, Energy, Water, Solid Waste, or Recycling

☐ Arts, Music, Film, Cultural or Creative Industries

☐ Hospitality, Tourism, Events, or Convention Center

☐ Quality of Life Affairs

☐ Aviation

☐ Human Rights or Immigration

☐ Real Estate

☐ City Infrastructure or Public Works

☐ Labor or Workforce

☐ Rules, Proposed Rules, or Rule Making

☐ Civil Service, Municipal Employment, or Retirement Systems

☐ Land Development or Land Use

☐ Taxation or Fees

☐ Code Compliance

☐ Municipal Court

☐ Technology or Communications

☐ Construction

☐ Municipal Legislation

☐ Transportation or Mobility

☐ Contracts or Procurement

☐ Neighborhoods

☒ Zoning or Platting

☐ Diversity, Equity, or Inclusion

☐ Parks, Recreation, Libraries, or Museums

☐ Economic Development

☐ Other:

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

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|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Site Development Permit and Density Bonus   |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 600 Guadalupe   |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78701                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans)                            |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

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## Section 2: Municipal Question

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|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Site Plan Topography  |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 1701 Heatherwilde Blvd  |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78660                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans)                            |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments   | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                            | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation   | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                              | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration   | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce  | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use  | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court   | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation   | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods   | <input type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums  |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:  |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

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## Section 2: Municipal Question

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|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Potential Rezoning  |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 2904, 2882, 2928, 2936, 2942, 2953, 2960  |       | Barton Skyway             |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78746                     |
| Property Legal Description                             |   |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input checked="" type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

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|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Applicability of Restrictive Covenant   |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 6901 Old Bee Caves Road   |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78735                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input checked="" type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

Delete this page

Page 14 of 32 Revised: 9/25/2017



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Site Development Permit   |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 3000-3004 Montopolis Dr.  |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78741                     |
|  | Property Legal Description  |       |                           |
|  |   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans)                            |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                          |                                  |  |                   |  |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
|--|---|--------------------------|----------------------------------|--|-------------------|--|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |                   |  |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>KEEP Real Estate   |                          |                                  |  |                   |  |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>905 Nueces Street</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 905 Nueces Street |  |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78701 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |                   |  |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| 905 Nueces Street  |   |                          |                                  |  |                   |  |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |                   |  |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Austin   | TX  | 78701                    |                                  |  |                   |  |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |                   |  |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Real Estate Development  |   |                          |                                  |  |                   |  |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |  |                   |                    |    |  |
|------------------------|---|------------------------|--|-------------------|--------------------|----|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td>less than \$10,000</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |  | (\$) Exact Amount | less than \$10,000 | OR |  |
| Compensation Category* |   | (\$) Exact Amount      |  |                   |                    |    |  |
| less than \$10,000     | OR  |                        |  |                   |                    |    |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |  |                          |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
|--|--|--------------------------|----------------------------------|--|----------------|-----|--|--------------|---------------|------------------|---------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Grayco Parnters LLC   |                          |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>50 Waugh Drive</td><td colspan="2">500</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Houston</td><td>TX</td><td>77007</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 50 Waugh Drive | 500 |  | Client City* | Client State* | Client Zip Code* | Houston | TX | 77007 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*   | Client Apartment or Suite Number   |                          |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| 50 Waugh Drive   | 500  |                          |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Client City*   | Client State*  | Client Zip Code*         |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Houston  | TX   | 77007                    |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*   |  |                          |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Real Estate Development  |  |                          |                                  |  |                |     |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |  |                   |                    |    |  |
|------------------------|---|------------------------|--|-------------------|--------------------|----|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td>less than \$10,000</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |  | (\$) Exact Amount | less than \$10,000 | OR |  |
| Compensation Category* |   | (\$) Exact Amount      |  |                   |                    |    |  |
| less than \$10,000     | OR  |                        |  |                   |                    |    |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |  |                          |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
|--|--|--------------------------|----------------------------------|--|------------------|------|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Investors Alliance  |                          |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>300 Bowie Street</td><td colspan="2">100A</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78703</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 300 Bowie Street | 100A |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78703 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*   | Client Apartment or Suite Number   |                          |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| 300 Bowie Street   | 100A   |                          |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Client City*   | Client State*  | Client Zip Code*         |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Austin   | TX   | 78703                    |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*   |  |                          |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Real Estate Development  |  |                          |                                  |  |                  |      |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |  |                   |                    |    |  |
|------------------------|---|------------------------|--|-------------------|--------------------|----|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td>less than \$10,000</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |  | (\$) Exact Amount | less than \$10,000 | OR |  |
| Compensation Category* |   | (\$) Exact Amount      |  |                   |                    |    |  |
| less than \$10,000     | OR  |                        |  |                   |                    |    |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
|--|---|--------------------------|----------------------------------|--|---------------------|------------|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Brandywine Realty Trust  |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>111 Congress Avenue</td><td colspan="2">30th Floor</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 111 Congress Avenue | 30th Floor |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78701 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| 111 Congress Avenue  | 30th Floor  |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Austin   | TX  | 78701                    |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Real Estate Development  |   |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |  |                        |              |      |              |                    |    |  |  |
|------------------------|--|------------------------|--------------|------|--------------|--------------------|----|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>less than \$10,000</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |              | (\$) | Exact Amount | less than \$10,000 | OR |  |  |
| Compensation Category* |  | (\$)                   | Exact Amount |      |              |                    |    |  |  |
| less than \$10,000     | OR   |                        |              |      |              |                    |    |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |  |
|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Great Hills Retail Inc.   |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | Client Business Address*<br>191 North Wacker Drive<br>Client Apartment or Suite Number<br>2500<br>Client City*<br>Chicago<br>Client State*<br>IL<br>Client Zip Code*<br>60606<br>Nature of Client's Business*<br>Real Estate Development |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |  |
|------------------------|--|
| CLIENT<br>COMPENSATION | Compensation Category*<br>less than \$10,000<br>OR<br>(\$) Exact Amount<br><br>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.<br><br>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):<br><br> |
|------------------------|--|

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

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or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|   |   |                          |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
|---|---|--------------------------|----------------------------------|--|------------------|------------|--|--------------|---------------|------------------|---------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT  | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| CLIENT NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Accesso Partners   |                          |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| CLIENT ADDRESS AND NATURE OF BUSINESS                               | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>1021 Main Street</td><td colspan="2">Suite 1920</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Houston</td><td>TX</td><td>77002</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 1021 Main Street | Suite 1920 |  | Client City* | Client State* | Client Zip Code* | Houston | TX | 77002 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*  | Client Apartment or Suite Number  |                          |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| 1021 Main Street  | Suite 1920  |                          |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Client City*  | Client State*   | Client Zip Code*         |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Houston   | TX  | 77002                    |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*  |   |                          |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |
| Real Estate Development   |   |                          |                                  |  |                  |            |  |              |               |                  |         |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |  |                   |                    |    |  |
|------------------------|---|------------------------|--|-------------------|--------------------|----|--|
| CLIENT COMPENSATION    | <table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td>less than \$10,000</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |  | (\$) Exact Amount | less than \$10,000 | OR |  |
| Compensation Category* |   | (\$) Exact Amount      |  |                   |                    |    |  |
| less than \$10,000     | OR  |                        |  |                   |                    |    |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

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or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |  |                          |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
|--|--|--------------------------|----------------------------------|--|---------------------|-----|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>LO/LDP 600 Guadalupe LLC  |                          |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>12117 Bee Cave Road</td><td colspan="2">202</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78738</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 12117 Bee Cave Road | 202 |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78738 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*   | Client Apartment or Suite Number   |                          |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| 12117 Bee Cave Road  | 202  |                          |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Client City*   | Client State*  | Client Zip Code*         |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Austin   | TX   | 78738                    |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*   |  |                          |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Real Estate Development  |  |                          |                                  |  |                     |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |    |                   |                    |  |  |
|------------------------|---|------------------------|----|-------------------|--------------------|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td>less than \$10,000</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* | OR | (\$) Exact Amount | less than \$10,000 |  |  |
| Compensation Category* | OR  | (\$) Exact Amount      |    |                   |                    |  |  |
| less than \$10,000     |   |                        |    |                   |                    |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |  |                          |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
|--|--|--------------------------|----------------------------------|--|-----------------|-----|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Presidium Group   |                          |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>1601 Rio Grande</td><td colspan="2">300</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 1601 Rio Grande | 300 |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78701 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*   | Client Apartment or Suite Number   |                          |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| 1601 Rio Grande  | 300  |                          |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Client City*   | Client State*  | Client Zip Code*         |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Austin   | TX   | 78701                    |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*   |  |                          |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |
| Real Estate Development  |  |                          |                                  |  |                 |     |  |              |               |                  |        |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |    |                   |                    |  |  |
|------------------------|---|------------------------|----|-------------------|--------------------|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td>less than \$10,000</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* | OR | (\$) Exact Amount | less than \$10,000 |  |  |
| Compensation Category* | OR  | (\$) Exact Amount      |    |                   |                    |  |  |
| less than \$10,000     |   |                        |    |                   |                    |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                          |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |
|--|---|--------------------------|----------------------------------|--|-----------------------|-----|--|--------------|---------------|------------------|-------------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>QuikTrip Corporation   |                          |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>227 North Loop 1604 E</td><td colspan="2">150</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>San Antonio</td><td>TX</td><td>78232</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 227 North Loop 1604 E | 150 |  | Client City* | Client State* | Client Zip Code* | San Antonio | TX | 78232 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |
| 227 North Loop 1604 E  | 150   |                          |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |
| San Antonio  | TX  | 78232                    |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |
| Real Estate Development  |   |                          |                                  |  |                       |     |  |              |               |                  |             |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |    |                   |                    |  |  |
|------------------------|---|------------------------|----|-------------------|--------------------|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td>less than \$10,000</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* | OR | (\$) Exact Amount | less than \$10,000 |  |  |
| Compensation Category* | OR  | (\$) Exact Amount      |    |                   |                    |  |  |
| less than \$10,000     |   |                        |    |                   |                    |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



## Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|                      |  |
|----------------------|--|
| NO CLIENTS TO REPORT | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |
|----------------------|--|

  

|  |   |                                  |                  |
|--|---|----------------------------------|------------------|
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Arel Capital |                                  |                  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | Client Business Address*  | Client Apartment or Suite Number |                  |
|  | 540 Madison Avenue  |                                  |                  |
|  | Client City*  | Client State*                    | Client Zip Code* |
|  | New York  | NY                               | 10022            |
|  | Nature of Client's Business*<br>Real Estate Development               |                                  |                  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |  |    |                   |
|------------------------|--|----|-------------------|
| CLIENT<br>COMPENSATION | Compensation Category*   | OR | (\$) Exact Amount |
|                        | less than \$10,000   |    |                   |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                   |
|                        | If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):<br><div></div>         |    |                   |

\* Indicates a required field

Add Another Client Page

Delete this page



## Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|                      |  |
|----------------------|--|
| NO CLIENTS TO REPORT | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period |
|----------------------|--|

  

|  |   |                                  |                  |
|--|---|----------------------------------|------------------|
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Manifold Real Estate |                                  |                  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | Client Business Address*  | Client Apartment or Suite Number |                  |
|  | P.O. Box 200463   |                                  |                  |
|  | Client City*  | Client State*                    | Client Zip Code* |
|  | Austin  | TX                               | 78720            |
|  | Nature of Client's Business*<br>Real Estate Development                       |                                  |                  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |  |    |                   |
|------------------------|--|----|-------------------|
| CLIENT<br>COMPENSATION | Compensation Category*   | OR | (\$) Exact Amount |
|                        | less than \$10,000   |    |                   |
|                        | Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more. |    |                   |
|                        | If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):<br><div></div>         |    |                   |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 4: Employee

For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

|   |  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
|---|--|------------------------------------|-----------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|--|----------------------|----------------------|--|-----------|-------------|--|----------------------|----------------------|--|
| NO EMPLOYEES TO REPORT                              | <input checked="" type="checkbox"/> I employed or retained no employees during the applicable reporting period   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| PERSON<br>EMPLOYED<br>OR<br>RETAINED                | <table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Last Name*</td><td>Suffix</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr><tr><td>Employer*</td><td>Occupation*</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr></table>  | Title                              | First Name*                       | Middle               | <input type="text"/> | <input type="text"/> | <input type="text"/> | Last Name*           | Suffix                                    |  | <input type="text"/> | <input type="text"/> |  | Employer* | Occupation* |  | <input type="text"/> | <input type="text"/> |  |
| Title   | First Name*  | Middle                             |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/>   | <input type="text"/>               |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| Last Name*  | Suffix   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/>   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| Employer*   | Occupation*  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/>   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| BUSINESS<br>ADDRESS                                 | <table><tr><td>Business Address*</td><td>Apartment or Suite Number</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>City*</td><td>State* Zip Code*</td></tr><tr><td><input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr></table>  | Business Address*                  | Apartment or Suite Number         | <input type="text"/> | <input type="text"/> | City*                | State* Zip Code*     | <input type="text"/> | <input type="text"/> <input type="text"/> |  |                      |                      |  |           |             |  |                      |                      |  |
| Business Address*                                   | Apartment or Suite Number  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/>   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| City*   | State* Zip Code*   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/> <input type="text"/>  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| MAYOR/COUNCIL<br>RELATIVE<br>OR<br>HOUSEHOLD MEMBER | <p><input type="checkbox"/> Is the person identified above related (within the third degree of consanguinity) to the Mayor or a Council Member, or a member of their household, as defined in City Code Section 4-8-6(A)(5)?</p> <p>If yes, describe the nature of their employment *required if the above box is checked</p> <p><input type="text"/></p> <table><tr><td>First Name of Mayor/Council Member</td><td>Last Name of Mayor/Council Member</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table> | First Name of Mayor/Council Member | Last Name of Mayor/Council Member | <input type="text"/> | <input type="text"/> |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| First Name of Mayor/Council Member                  | Last Name of Mayor/Council Member  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/>   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |

\* Indicates a required field

Add Another Employee Page

Delete this page



## **Lobbyist Reporting Form**

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

Sections 5, 6 and 7 are for filing Quarterly Activity Reports or a Termination of Lobbyist Registration.

If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



## Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

## Section 5: Statement of No Activity

### STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

Lobbyists who have **no reportable activity** for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the **No Activity Confirmation**, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I received no Client Compensation during this activity period (§4-8-6(A)(2)).
- I made no Expenditures for lobbying during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

### No Activity Confirmation

- ☐ I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



**Lobbyist Reporting Form**  
*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

**Section 6:  
Expenditure Totals**

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).  
Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

|   |   |                      |
|---|---|----------------------|
| <b>EXPENDITURE<br/>TOTALS</b><br><br><b>(Blank values<br/>will be interpreted as \$0)</b> | (\$) Reimbursement to Others  | <input type="text"/> |
|   | (\$) Food and Beverages   | <input type="text"/> |
|   | (\$) Transportation and Lodging   | <input type="text"/> |
|   | (\$) Gifts (other than Awards and Mementos)   | <input type="text"/> |
|   | (\$) Entertainment  | <input type="text"/> |
|   | (\$) Awards and Mementos  | <input type="text"/> |
|   | (\$) Honorariums  | <input type="text"/> |
|   | (\$) Attendance of Council Members at Charitable Events or Fundraisers                      | <input type="text"/> |
|   | (\$) Media Communications (broadcast, print, advertising, etc.)                             | <input type="text"/> |
|   | (\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j) | <input type="text"/> |



**Lobbyist Reporting Form**  
*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

**Section 7:  
Expenditure**

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total \$500 or more during the reporting period must also be itemized on an Expenditure Page.

For additional expenditures, click "Add Another Expenditure Page" below.

|  |  |
|--|--|
| <div>PAYEE NAME<br/><br/>AND<br/><br/>BUSINESS INTEREST<br/><br/><input type="checkbox"/> Payee is an individual</div> | <div>Organization Name or Payee Last Name, as applicable*</div> <div></div> <div><input type="checkbox"/> This payee is a business or business interest of a City Official</div> <div><div>If yes, First Name of City Official</div><div></div><div>Last Name of City Official</div><div></div></div> <div><div>Department of City Official</div><div></div><div>Job Title of City Official</div><div></div></div> |
| <div>PAYEE<br/><br/>ADDRESS</div>  | <div><div>Payee Address/ PO Box*</div><div></div><div>Payee Apartment or Suite Number</div><div></div></div> <div><div>Payee City*</div><div></div><div>Payee State*</div><div></div><div>Payee Zip Code*</div><div></div></div>   |
| <div>EXPENDITURE<br/><br/>DETAILS</div>  | <div><div>(\$) Expenditure Amount*</div><div></div><div>Expenditure Date*</div><div></div><div>Category*</div><div></div></div> <div><div>Purpose of the Expenditure*</div><div></div></div>   |

Identify each City Official who benefitted from or who may have been influenced by the expenditure, if applicable

| City Official First Name | City Official Last Name | Department | Job Title |
|--------------------------|-------------------------|------------|-----------|
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |





## Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

## Section 8: Declaration and Electronic Submission

### DECLARATION

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

Amanda Swor

Typed Name

1/23/2018

Report Date\*

### Electronic Submission and Signature

- ☒ I have completed a **Lobbyist Contact Information Form**, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.